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	N089034	A. BUILDING: _____ B. WING _____	01/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEGGY KELLY HOUSE II	1800 FAIRMONT ROAD TOPEKA, KS 66604

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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached incident 190860 at the above named residential health care facility conducted on 01/12/26-01/13/26.	S 000		
S3060 SS=E	26-41-106 Community Governance (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the facilitation of the organization of at least one resident council, each of which shall meet at least quarterly to provide residents with a forum to provide input into community governance. (b) Each administrator or operator shall ensure the accommodation of the council process by providing space for the meetings, posting notices of the meetings, and assisting residents who wish to attend the meetings. (c) In order to permit a free exchange of ideas and concerns, each administrator or operator shall ensure that all meetings are conducted without the presence of facility staff, unless allowed by the residents. (d) Each administrator or operator shall respond to each written idea and concern received from the council, in writing, within 30 days after the meeting at which the written ideas and concerns were collected. The administrator or operator shall ensure that a copy of each written idea or concern and each response is available to surveyors. This REQUIREMENT is not met as evidenced by: KAR 26-41-106(a)	S3060		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3060	Continued From page 1 The facility reported a census of ten residents. Based on interview and record review the operator failed to ensure the facilitation of quarterly resident council with a forum to ensure input into community governance. Findings included: - During entrance interview on 01/12/26 Administrative Staff A stated there is no resident council. On 01/13/26 at 03:00 PM Administrative Staff A and C confirmed no meetings have been held for community governance. The operator failed to ensure the facilitation of quarterly resident council with a forum to ensure input into community governance.	S3060		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of ten residents with three residents included in the sample and	S3101		

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S3101	Continued From page 2	S3101		

one closed record review. Based on interview and record review the operator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreements for Resident (R) 1, R2, and R3.

Findings included:

- Record review for R1 revealed an admission date of 10/20/25 with a diagnosis of type two diabetes mellitus.

The 11/21/25 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing and dressing; was unable to perform management of medications; was occasionally incontinent of bladder; had short-term memory, memory recall, and decision-making difficulties; and was at risk of falls.

The record lacked evidence a 11/21/25 combined NSA and Healthcare Service Plan (HSP) was printed or signed by the individuals involved in its development.

- Record review for R2 revealed an admission date of 06/04/25 with a diagnosis of failure to thrive.

The 06/04/25 admission FCS identified R2 required supervision with bathing and physical assist with management of medications. She had short term memory and decision making difficulties.

R2's record lacked documentation a 06/04/25 combined NSA/HSP was completed and signed

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S3101	Continued From page 3 by the individuals who participated in the development. - Record review for R3 revealed an admission date of 09/03/25 with a diagnosis of dementia. The 09/03/25 admission FCS identified R3 required physical assist with bathing, toileting, eating, and management of medications. She was incontinent of bladder; had short term memory, long term memory, memory/recall, and decision making difficulties; and was at risk of falls. R3's record lacked documentation a 09/03/25 combined NSA/HSP was completed and signed by the individuals who participated in the development. On 01/13/26 at approximately 12:25 PM Administrative Staff A confirmed R1, R2, and R3's NSAs lacked signature pages including all those involved in the development of the agreements. On 01/13/26 at 03:19 PM Administrative Staff C confirmed the facility does not have a policy regarding NSAs. The operator failed to ensure that each individual involved in the development of the NSA signed the agreements for R1, R2, and R3.	S3101		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in	S3215		

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S3215	Continued From page 4 accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h) The facility reported a census of ten residents. Based on observation and interview the operator	S3215		

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S3215	Continued From page 5 failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of federal and state laws and regulations. Findings included: - Observation on 01/12/26 at approximately 01:21 PM of the room containing the copier revealed unlockable upper cabinets containing four boxes of triple antibiotic ointment. On 01/12/26 at approximately 01:22 PM Administrative Staff A confirmed the triple antibiotic ointment was not in a locked cabinet. - Observation on 01/12/26 at 01:26 PM of the medication cart revealed one bottle of 45 tablets cetirizine 10 milligrams with expiration date 12/25. - Observation on 01/12/26 at 01:35 PM of the medication room revealed a refrigerator with an opened bottle of tuberculin with label that read opened 11/07/25 and expired 12/07/25. On 01/12/26 at 01:35 PM Certified Medication Aide D confirmed the cetirizine and tuberculin were past date of use and should be placed with other medications for destruction. On 01/13/26 at 03:19 PM Administrative Staff C confirmed the facility does not have a policy regarding medication storage. The operator failed to ensure medications were stored in accordance with each pharmacy or manufacturer's recommendations or those of	S3215		

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S3215	Continued From page 6 federal and state laws and regulations.	S3215		
S3227 SS=E	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(2) The facility reported a census of ten residents with three residents included in the sample and one closed record review. Based on interview and record review the operator failed to ensure a licensed nurse notified five of ten residents' medical care providers of variances identified in the medication regimen reviews by the licensed pharmacist; and failed to ensure a licensed nurse sought a response within five working days. Findings included:	S3227		

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S3227	Continued From page 7 - Record review for R3 revealed an admission date of 09/03/25 with the diagnoses of dementia and abnormalities of gait. The 10/30/25 "Note to Attending Physician/Prescriber" recommended an appropriate indication for the administration of quetiapine for R3 be placed in her record. R3's record lacked evidence of the pharmacist's recommendations, that her physician was notified, and that her physician responded to the recommendations. Upon further review of the October 2025 pharmacy recommendations five of the facility's ten residents had recommendations which were not located in the residents' records, did not indicate their providers were notified, or have a response from the provider. On 01/13/26 at 02:51 PM Administrative Staff A and C confirmed five of the ten residents' records lacked evidence a licensed nurse notified medical care providers of variances identified in the medication regimen reviews by the licensed pharmacist; and lacked evidence a licensed nurse sought a response from their medical care providers regarding the variances. On 01/13/26 at 03:19 PM Administrative Staff C confirmed the facility does not have a policy regarding pharmacy recommendations. The operator failed to ensure a licensed nurse notified five of ten residents' medical care providers of variances identified in the	S3227		

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S3227	Continued From page 8 medication regimen reviews by the licensed pharmacist; and failed to ensure a licensed nurse sought a response within five working days.	S3227		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(1)	S3248		

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S3248	Continued From page 9 The facility reported a census of ten residents. Based on interview and record review the operator failed to ensure evidence of licensure for two staff and background check for one staff were completed upon hire. Findings included: - Record review of Certified Medication Aide (CMA) I's employee record revealed a hire date of 08/28/25. The record lacked evidence of documentation her licensure was verified upon hire. Record review of Certified Nurse Aide (CNA) F's employee record revealed a hire date of 07/17/25. The record lacked evidence of documentation her licensure and background check were verified upon hire. On 01/13/26 at 12:15 PM Administrative Staff A confirmed CMA I and CMA F's employee records lacked required documentation. The operator failed to ensure evidence of licensure for two staff and background check for one staff were completed upon hire.	S3248		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and	S3298		

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S3298	Continued From page 10 regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d)(2) The facility reported a census of ten residents. The facility had a main kitchen, cabinets in the dining area, and a closet across the house where food was stored for all residents. Based on interview and observation the operator failed to ensure food in cans with significant defects including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening not be used. Findings included: - Observation on 01/12/26 at approximately 02:00 PM of the kitchen revealed cabinets on the north side with canned foods. One 46 fluid ounce can of tomato juice was in the cabinet with dented top rim and dent in side. On 01/12/26 at 02:00 PM Administrative Staff A	S3298		

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S3298	Continued From page 11 confirmed the food can was dented. - Observation on 01/12/26 at 02:02 PM of dry food storage closet on south west hall revealed one gallon can beans with dented top and bottom rims. On 01/12/26 at 02:03 PM Administrative Staff A confirmed the food can was dented and should not be used. On 01/13/26 at 03:19 PM Administrative Staff C confirmed the facility does not have a policy for food storage. The operator failed to ensure food in cans with significant defects including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening was not used.	S3298		
S3420 SS=D	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems.	S3420		

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S3420	Continued From page 12 (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(1)(A) The facility reported a census of ten residents. The sample included three residents. Based on observation and interview the operator failed to ensure the facility heating, air conditioning, and ventilating system maintained an indoor temperature between 70 and 85 degrees	S3420		

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S3420	Continued From page 13 Fahrenheit (F). Findings included: - Observation on 01/13/26 at 01:41 PM of R3's room revealed an air temperature of 88.5 degrees F. Interview on 01/13/26 at approximately 01:46 PM R3 stated her room has been too warm multiple nights and when she reported it to staff nothing was done. She stated it is too warm for her and she was uncomfortable. On 01/13/26 at 01:52 PM Certified Medication Aide E and Certified Nurse Aide F confirmed R3's room is frequently warm. On 01/13/26 at 01:54 PM Certified Nurse Aide G stated she has tried to open R3's window to regulate a more comfortable temperature but the window does not stay open without propping and she does not believe R3 has a screen on her window. Interview on 01/13/26 at 03:42 PM Maintenance Staff H confirmed the temperature in R3's room was warm and stated there is no return air vent in her space. The operator failed to ensure the facility heating, air conditioning, and ventilating system maintained an indoor temperature between 70 and 85 degrees F.	S3420		